

Please complete form. Handwritten forms will NOT be accepted. Print, Sign and Mail to address below:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

www.ksbtp.ks.gov

785-296-3053

900 SW Jackson Street, Suite 507, Topeka, KS 66612

APPLICATION FOR REINSTATEMENT OF LICENSE

INSTRUCTIONS: This application is for the reinstatement of a lapsed or cancelled Kansas professional license for Architecture, Professional Engineering, Geology, Landscape Architecture or Surveying.

Mail Reinstatement application with the following documents to KSBTP address listed above:

- 1. REINSTATEMENT FEE: \$100.00 payable to KSBTP.**
- 2. Application Form, signed, sealed and notarized (Pages 1 and 2). Handwritten form will be returned. Use Kansas SEAL even if Kansas license is expired.**
- 3. Professional References from three professionals licensed in your profession. (Pages 3 and 4).**
- 4. List of all projects worked on since Kansas license expired. List will include dates, project names and project locations. (Page 5)**
- 5. Continuing Education Report Form (Page 6) which lists 30 PDHs earned in previous 2 years from date of this application and includes copies of supporting documentation.**

- For Reinstatement, KSBTP does not accept a national council record (NCEES, NCARB, CLARB) as documentation. Only submit the forms contained in this packet.
- Continuing Education requirements: As per K.A.R. 66-14-8, each reinstatement applicant must submit proof of compliance with the continuing education requirements in accordance with K.A.R. 66-14-1 through 66-14-12. Complete the "Reinstatement Continuing Education Report Form" and send only documentation for 30 PDHs earned in the previous 2 years from date of this application for Board review.
- Applicant will be notified of Board action.
- A resident of another jurisdiction may meet Continuing Education requirements as per K.A.R. 66-14-10.

1. GENERAL INFORMATION

Name: _____

Home Mailing Address: _____
Street Address

City _____ State _____ Zip _____

Business Name and Mailing Address: _____
Business Name Street Address

City _____ State _____ Zip _____

Please send official mail to: Home Business

Phone: _____ E-mail: _____

Kansas License Number: _____ Profession: _____ Date Kansas License Lapsed: _____

Reason Kansas License was allowed to lapse: _____

Reason for Reinstatement of Kansas License: _____

Base state where professional examinations were taken: _____

State licenses maintained during period Kansas license was lapsed: _____

Have you ever been convicted of a felony, had Board disciplinary action commenced against you, or been subject to disciplinary action or investigation in a state at any time concerning your professional license?

Yes

No

If yes, please state jurisdiction and provide detailed explanation (use attachment if needed).

2. REFERENCE SUMMARY

Reference Summary (List names of the licensed professionals who will provide references):

1. _____
2. _____
3. _____

List references that are familiar with your professional experience since your Kansas license lapsed and who are licensed in your profession. Use Reference Forms on pages 3 and 4 for this purpose. Make 3 copies of Reference forms, complete applicant information and send to References. Forms should be returned directly to KSBTP by the reference

3. SIGNATURE

I hereby apply for Reinstatement of my Kansas professional license. In making this application, I hereby affirm the above information is correct and do further affirm that during the period in which my license has not been in good standing with the Kansas Board, I have violated no other provision of the statutes and rules and regulations of Kansas, except as specifically described below:

Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

My appointment expires: _____.

Notary Public Seal

Notary Public Signature

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 SW JACKSON, SUITE 507
TOPEKA KS 66612
785-296-3053

NOTICE OF REFERENCE REQUEST

REFERENCE INFORMATION:

Reference Name: _____

Reference Address: _____

To the Reference: The applicant listed below has filed a Reinstatement Application with this Board. In accordance with K.S.A. 74-7025, the applicant has given your name as someone who has personal knowledge of the applicant's professional qualifications for licensure.

The Board requests your cooperation in answering the questions thoroughly and with the utmost frankness. The Board will hold your reply in confidence. Your action in returning the form promptly will be appreciated by the Board and will expedite the processing of the application.

APPLICANT INFORMATION: (To be completed by APPLICANT)

Applicant Name: _____

Employed By: _____

Date of Employment (From – To): _____

Job Title: _____

Duties and Responsibilities Performed in Job: _____

The **REFERENCE FORM FOR EXPERIENCE VERIFICATION** (which should be enclosed with this Notice) is to be returned directly to the board office at:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 SW JACKSON, SUITE 507
TOPEKA, KS 66612

KSBTP REFERENCE FORM FOR EXPERIENCE VERIFICATION

ALL INFORMATION ON THIS FORM IS FOR BOARD USE ONLY AND WILL BE CONSIDERED CONFIDENTIAL.

TO BE COMPLETED BY REFERENCE:

Name: _____

Address: _____

Phone: _____ **E-mail:** _____

Profession and License Number: _____ **in the State(s) of** _____

Professional relationship to applicant (i.e. supervisor, co-worker, etc.): _____

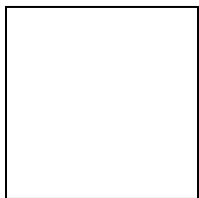
I have known the applicant for _____ **years, from** _____ **to** _____.

I concur with the applicant's job title and description on the previous page, including time frame, type of work and duties of job. **Yes** **No**

Comments:

Further comments on applicant's ability, professional attitude and responsibility in work performed.

Any additional comments on applicant's qualifications to become reinstated in Kansas and assume the responsibilities connected therewith:



**Reference's Professional Seal
With Signature and Date**

Signature

Date

Company Name and Position Title

Name: _____

Profession: _____ **Kansas License #:** _____

[illegible]

Additional Information:

List Continuing Education activity and attach copies of documentation (in order listed on this form) for 30 PDHs earned in the previous two years from date of this application. Keep original documentation for your own records. For more information, please see the web page at www.ksbtp.ks.gov

[illegible]

TOTAL PDHs Listed (not more than 30): _____

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this report.



Professional Seal with Signature and Date
(Please darken seal if embossed.)

Signature

Date